PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Pagerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/637.086 Filing Date TRANSMITTAL August 1, 2003 First Named Inventor **FORM** Karen M. Taminger Art Unit 1722

Examiner Name

(to be used for all correspondence after initial filing)

G. Nagesh Rao

Tota	al Number of	Pages in This	Submission	67	Attorney Docket Nur	nber MSC	C-23518-1	1	
ENCLOSURES (Check all that apply)									
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)		Remark	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Add Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Postcard Receipt			
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		sheet showing changes, 1 replacement drawing sheet, PTO/SB/08B IDS consisting of 1 pg along with referenced copy of cited art, and PTO/SB/17 Fee Tranmital (Orig+1 copy).							
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remark to the Consolidated Appropriations Act. 2005 (H.R. 4818)	

FEE	TRANSMITTAL
	For FY 2006

Applicant claims small entity status. See 37 CFR 1.23

TOTAL AMOUNT OF PAYMENT (\$)

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180.00

Application Number	10/637,086	
iling Date	August 1, 2003	
irst Named Inventor	Karen M. Taminger	
Examiner Name	G. Nagesh Rao	
Art Unit	1722	
Manager Daglest No.	MCC 00510 1	

METHOD OF PAYMEN	Γ (check al	I that apply)						
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 14-0116 Deposit Account Name National Aeronautics and Space Adm								
For the above-identi	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
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FEE CALCULATION (A	II the fees	below are due	upon filin	g or may be	subject to	a surcharge.)	
1. BASIC FILING, SEAF			I FEES					
	FILING		SEARC			TION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	•	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE		100	v	V	Ū	v	Small Entity	
Fee Description	_					Fee (\$)	Fee (\$)	
Each claim over 20 (i						50	25	
Each independent cla		including Reis	sues)			200	100	
Multiple dependent claims 360 180								
Total Claims							Fee Paid (\$)	
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3. APPLICATION SIZE If the specification and	FEE drawings	exceed 100 she	ets of nanei	r (excluding	electronicall	v filed seque	nce or computer	
listings under 37 Cl	TR 1 52(e)	the application	n size fee d	lue is \$250 (\$125 for sma	all entity) for	each additional 50	
sheets or fraction th	ereof. See	35 U.S.C. 416	a)(1)(G) an	d 37 CFR 1.	16(s).	,,		
<u>Total Sheets</u> - 100 =	Extra She	ets <u>Numi</u> / 50 =	per of each a	additional 50	<u>or fráction th</u> whole number		(\$) <u>Fee Paid (\$)</u>	
4. OTHER FEE(S)			,	•			Fees Paid (\$)	
Non-English Specific	cation, \$	130 fee (no sma	ıll entity dis	scount)			1 663 F 610 (9)	
Other (e.g., late filing	g surcharge	:): <u>IDS Submissio</u>	n				180.00	

SUBMITTED BY	~!			
Signature	Thrond	ou VICo	Registration No. (Attorney/Agent) 52,168	Telephone 281-244-7148
Name (Print/Type	1 //			Date 2/22/06

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